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PTO/SB/21 (09-04)

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TRANSMITTAL FORM	Application Number Filing Date First Named Inventor	10/716,748 11/19/2003 Poleawich								
	Art Unii	2877								
(to be used for all correspondence after initial filing	Examiner Name	Nauven								
Total Number of Pages in This Submission	Attorney Docket Number	ARL 03-09								
ENCLOSURES (Check all that apply)										
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interforences								
Amendment/Reply	Petition Petition to Convert to a	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
After Final	Provisional Application Power of Attorney, Revocation									
Affidavits/declaration(s) Extension of Time Request	Change of Correspondence A Terminal Disclaimer	Other Enclosure(s) (please Identify below):								
Express Abendonment Request	Request for Refund									
Information Disclosure Statement	CD, Number of CD(s)	1								
Certifled Copy of Priority Document(s)	Landscape Table on CD									
Reply to Missing Parts/ Incomplete Application										
Reply to Missing Parts under 37 CFR 1.52 or 1.53										
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SIGNATUI	RE OF APPLICANT, ATTOI	RNEY, OR AGENT								
Firm Name US Army Ma	zteriel Comman	d								
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Dec. 29 7	2006 F	eg. No. 28,986								
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PTO/SB/17 (07-06)
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Effective on 12/08/2004.			18)	Complete if Known				
Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Numb	er	10/116,7	48		
FEE TRANSMITTAL For FY 2006		- [Filing Date 11/19/2003					
		<u> </u>	irst Named Inver	ntor	Polcawi	<u>ch</u>		
Applicant claims small entity status. See 37 CFR 1.27			_ ⊢	Examiner Name Art Unit		Nauxen		
TOTAL AMOUNT OF PAYMENT (S) 1220		-	Attorney Docket N	to.	ARL	3-09		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-2201 Deposit Account Name (15 Army Materiel Common Name)								
Deposit Account D	eposit Account			_i Deposit Aco	ount Name	that apply)	MAIETIES CEMINISTE	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
I VN under 27 CCC) 1 16 and 1 1	s) or underpayments			any overp	-		
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Information and authorization FEE CALCULATION	on PTO-ZU38.							
	OCH AND S	YAMINATION EE	:E0					
1. Basic Filing, SEAF	FILING F	TEES S	SEARC	H FEES	EXAMIN	NATION FEES		
Application Type	Fee (\$)	mall Entity	ee (\$)	Small Entity	Fee (\$	Small Entity	Fees Pald (\$)	
Utility	300		500	Fee (\$) 250	200	1 E <u>ee (\$)</u> 100		
Design	200		100	50	130	65		
Plant	200		300	150	160	80		
Reissuc	300		500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE			U	O	v	-	Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50 200	25 100	
Each independent cla		including Reissues	S)			360	180	
Multiple dependent claims Total Claims Extra Claims Fee (5) Fe			Foo 1	Pal d_(\$)			pondent Claims	
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HP = highest number of total								
Indep. Claims - 3 or HP	Extra Clain	ns <u>Fee (\$)</u>		Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. Scc 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) × =								
4. OTHER FEE(S) No. Restlict Consideration (\$130 for the consideration disposant)								
Non-English Specification, \$130 fcc (no small entity discount) Other (c.g., late filing surcharge): 1,17(a)(3) #1020 1020								
Vince (C.B., and Lindy Survival Ber), 111 Hall 1								
SUBMITTED BY	nn -	0 1	1					
Signature	lliam	Kandon	4 1	Registration No. Attomoy/Agent)	28.9	86 Telephon	93) 806 - 8254	
Name (Print/Type)	Mar	Randal	2h		,	Date D	×29.200€	

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